

**FIRE PROTECTION BUREAU
LICENSING PROGRAMS
PO Box 42600
Olympia WA 98504-2600
(360) 570-3134 FAX: (360) 570-3136**



CERTIFICATE OF COMPETENCY AFFIDAVIT

The undersigned has appeared before me, a Notary Public, and affirmed that as an applicant for a fire protection sprinkler system Certificate of Competency:

- 1) He or She will abide by all the laws, rules, and regulations concerning this fire protection sprinkler system Certificate of Competency certification per RCW 18.160 and WAC 212-80.
- 2) Information provided in this application and any and all statements made to procure this Certificate of Competency are accurate and correct.
- 3) He or She hereby releases the Washington State Patrol Fire Protection Bureau, or others, from any liability or damage which may result from furnishing the information provided in the application or as a result of certification as a Certificate of Competency, if so requested.

Signature of Undersigned

Title of Undersigned

Date of Signature

Printed Name of Undersigned

Subscribed and sworn before me this, the _____ day of the month of _____
of the calendar year _____ .
*date**name of month*
year

Signature of Notary Public

Printed Name of Notary Public

Complete address and contact information for
Notary Public

Seal of the Notary Public